



U.S. DEPARTMENT of STATE

Kenya: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC)

Released by the Office of the Senior Coordinator for International Women's Issues

Practice:

Type I (commonly referred to as clitoridectomy), Type II (commonly referred to as excision) and Type III (commonly referred to as infibulation) are the forms of female genital mutilation (FGM) or female genital cutting (FGC) practiced to varying degrees in Kenya. Type I and Type II are the most common. Type III is found in the far eastern areas bordering Somalia. Studies indicate it is practiced mostly in rural areas, especially among those that have lower educational levels and/or subscribe to non-Christian faiths. It is, however, also practiced by some Christians and was practiced by Ethiopian Jews, who now live in Israel.

Incidence:

In June 1999, the Ministry of Health prepared a National Plan of Action for the Elimination of FGM/FGC. Contained in the Plan were the results of a 1998 Demographic and Health Survey of 7,881 women nationally that showed 37.6 percent of Kenyan women had been subjected to one of these procedures. The study indicated that 38 percent of Kenyan women between the ages of 15 and 19 and over half of women above the age of 35 had been subjected to one of these.

It is reportedly practiced in varying degrees by some 30 of Kenya's 40 plus ethnic groups. It is not practiced among the two largest ethnic groups in Kenya's far West, the Luos and the Luhyas.

The Ministry of Health statistics by tribal affiliation are: Kisii - 97 percent; Masai - 89 percent; Kalenjin - 62 percent; Taita and Taveta - 59 percent; Meru/Embu groups - 54 percent; Kikuyu - 43 percent; Kamba - 33 percent; Miji Kenda/Swahili - 12 percent.

A 1992 survey conducted by the largest grassroots organization, Maendeleo Ya Wanawake Organization (MYWO), found that nearly 90 percent of the women over 14 years of age in the Kisii, Meru, Narok and Samburu districts had been subjected to one of these procedures. It is widely practiced among the Muslims of the northeastern provinces, particularly among the Somalis, Borans and Gabras. In its survey of the four districts, MYWO found that Type I is practiced in Kisii; Type II in Meru and Narok; and Type III in Samburu.

The practice is believed to be on the decline. This is attributed to public awareness campaigns to halt the practice and the ongoing efforts to promote alternative rites of passage to adulthood.

Attitudes and Beliefs:

Among the groups that practice FGM/FGC, it is universally thought that the procedure benefits girls. There is widespread belief among those who practice it, that ancestors will curse girls who have not undergone the procedure. Mothers and grandmothers are the most influential persons to determine if girls undergo one of these procedures. Supporters argue that tradition is necessary both to the social fabric and to the maturation of girls. Many believe that the cut reduces female promiscuity, ensuring virginity at marriage and marital fidelity.

Various beliefs are associated with the practice. The Akamba, for example, say that it helps women avoid difficulties in childbirth. In rural areas where it is practiced, girls who have not undergone the procedure are often told they will never get husbands, an effective scare tactic in rural Africa where there is discrimination against unmarried women. In some surveys, older men also reflect the traditional preference for wives who have undergone the procedure, while high school boys express preference for marrying girls who have not.

Supporters see the practice as integral to a girl's maturation because the ritual includes instruction about sexuality, relations with husbands, pregnancy, behavior and the importance of marrying outside the clan. This is usually the only such formal instruction a girl receives.

Type I:

Type I is the excision (removal) of the clitoral hood with or without removal of all or part of the clitoris.

Type II:

Type II is the excision (removal) of the clitoris together with part or all of the labia minora (the inner vaginal lips).

Type III:

Type III is the excision (removal) of part or all of the external genitalia (clitoris, labia minora and labia majora) and stitching or narrowing of the vaginal opening, leaving a very small opening, about the size of a matchstick, to allow for the flow of urine and menstrual blood. The girl or woman's legs are generally bound together from the hip to the ankle so she remains immobile for approximately 40 days to allow for the formation of scar tissue.

The procedures are generally carried out by traditional excisors on girls between the ages of 3 and 13 and without the aid of anesthesia. It is usually performed under unsanitary conditions in a village or woods. The procedure is frequently performed during puberty rites with the excisor using the same instrument on a number of girls without proper sterilization.

Outreach Activities:

The Ministries of Health and Culture discourage this practice and encourage the adoption of alternative rites of passage to womanhood for young girls. The government recognizes the lack of a coherent national policy on this issue and encourages the enactment of legislation to eradicate the practice.

Many non-governmental organizations (NGOs) are actively trying to eliminate this practice through education, awareness campaigns, legislative lobbying and advocacy for alternative rites of passage to adulthood for young girls. Alternative rituals can include education by community elders, public or private ceremonies and retreat-style seclusion of young girls for several days. Some of the most active NGOs include Julikei International, MYWO, PATH (Program for Appropriate Technology in Health), Northern Aid and Womankind.

The Kenya National Committee on Traditional Practices, founded in 1990, had as one of its objectives to carry out research into which ethnic groups practice FGM/FGC. The National Committee was reorganized to become the Kenya National Council on Traditional Practices (KNCTP). It works in collaboration with other groups on this issue. KNCTP is part of an anti-FGM/FGC core group formed at the invitation of the United Nations Children's Fund (UNICEF) and the United Nations Development Program (UNDP). Other members of this group are CARE/Kenya, the World Health Organization (WHO), PATH, the International Federation of Women Lawyers (FIDA) of Kenya and MYWO.

MYWO, the national women's organization closely aligned with the ruling Kanu party, is one of the most active Kenyan organizations working to eradicate this practice. It initiated a three-phase program to eradicate harmful traditional practices. It carried out quantitative research in 1991-1992 in four districts and is working with local communities to implement strategies that reflect the findings of their research. Messages about harmful practices are being integrated into health and other programs in the districts.

MYWO is opposed to outlawing the practice, arguing that making it illegal would not stop it but merely drive it underground and make it more difficult to control. Rather, MYWO has focused its program on informing the community on the dangers of the practice. MYWO has also developed alternative initiation rites that prepare girls for womanhood by instructing about sexuality but without *the cut* as a puberty rite of passage into womanhood. These alternative rites have been instituted in a number of villages with positive results.

Religious organizations have actively sought to eliminate this practice since the beginning of the 20th century. The Presbyterian Church of East Africa and various Protestant churches continue to raise awareness and to discourage the practice. The Church has also condemned the practice.

The United States, the Netherlands, Austria and Germany have supported NGOs and other organizations in the campaign against this practice.

The United States Agency for International Development (USAID) in Kenya has funded programs for research into and eradication of this practice in several targeted areas of Kenya. It provided technical assistance to indigenous health workers in developing a pilot intervention strategy. The approach is multisectoral in that it reaches entire communities - women and men, girls and boys, grandparents, midwives, traditional birth attendants, doctors, nurses, religious leaders and community leaders.

In the late 1990s, USAID funded Womankind, an organization working on a variety of women's issues, including FGM/FGC. In 1998, USAID also made a grant to the Federation of Women's Groups of Nyamira, which trains people to speak about the dangers of the practice and develops alternative rites of passage for young girls.

Through the Frontiers Project, USAID funded PATH (an American organization) to work with MYWO on introducing alternative rites of passage for girls in three districts in western Kenya. USAID also funded the Population Council's evaluation of the same program. These projects were funded between 1996-1999.

USAID also supports a Demographic and Health Survey conducted every five years and worked closely with the Ministry of Health to develop the National Plan of Action for the elimination of this practice.

Since July 1999, the U.S. Embassy, through its discretionary grant fund, has funded nine women's workshops on this issue. In the context of discussions on HIV/AIDS, the workshops address FGM/FGC. It is also expected to provide assistance for the Center for Rehabilitation and Education of Abused Women that, among other activities, lobbies for legislation to ban this practice.

In March 1997, UNICEF organized a meeting of donors, NGOs and UN agencies to share information and coordinate a campaign to eradicate this practice in Kenya. They agreed that while the practice should be made illegal, information, instruction and persuasion are the only effective tools to change the practice at the grassroots. Despite the fact this practice has been attacked as a traditional practice harmful to the health of women and girls, it is also seen as a gender issue that should be understood in its broader sense, involving a full range of women's training and employment efforts.

The many media houses in Kenya have written extensively about the health, psychological and social issues associated with this practice. The press has highlighted communities' efforts to welcome young girls into adulthood through alternative rites of passage. A growing number of radio stations (some using vernacular languages) have helped address the issue.

Schools have sought to educate students about the problems associated with the practice, particularly in the context of raising awareness about the HIV/AIDS virus and proper health practices. The Ministry of Education oversees the Federal Institute for Curriculum Development and Research. It requires regional education bureaus to include educational materials discouraging harmful traditional practices, including FGM/FGC, in primary school curricula.

Legal Status:

There are no laws making FGM/FGC illegal in Kenya. There are provisions in the Penal Code pertaining to "Offenses Against Person and Health" that might be applicable. However, there have been no arrests for FGM/FGC on the basis of these provisions. In November 1996, Parliament defeated a motion to make this practice illegal. In 1982 and 1989, President Moi issued Presidential decrees banning the practice.

The government prohibits the practice in government-controlled hospitals and clinics. In 1982, the Director of Medical Services instructed all hospitals to stop the practice, stating that he would prosecute medical professionals performing FGM/FGC under the Medical Practitioners and Dentists Act and the Nurses, Midwives and Health Visitors Act.

In 1990, the Minister for Cultural and Social Services announced at an international seminar in Nairobi, that it was the government's aim to outlaw this practice. The Director of Medical Services repeated this and demanded that all government hospitals and mission hospitals cease carrying out this practice. The Kenya National Family Welfare Center also abides by this directive. The government cooperates with eradication efforts conducted by international organizations and NGOs.

Protection:

Although there are no laws against this practice, the government is cooperating with a dynamic and broad-gauged campaign against the practice across Kenya being waged by NGOs and donor organizations. There are currently no groups or organizations that specifically provide protection to women or girls who wish to avoid this practice. However, some churches and schools have offered occasional refuge to victims and potential victims of this practice.

Prepared by the Office of the Senior Coordinator for International Women's Issues, Office of the Secretary for Global Affairs, U.S. Department of State, June 2001

Released on June 1, 2001

[FGM/FGC Country Reports Front Page](#)